

Village of Angel Fire  
And  
Angel Fire Community Center

*Summer 2016  
Angel Fire Day Camp*

*Shay Tibljás  
AFCC Supervisor  
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*Camp Supervisor- Sally Springfield*

*15 CS Ranch Rd  
PO BOX 610  
Angel Fire, NM 87710  
575-377-1544*

### **Mission Statement**

*To provide fun, well-supervised, affordable, activities for our youth and visiting guests. To introduce the children and visitors to the many recreational activities available in our community.*

*To provide our local residents and guests the opportunity to work or play while their children are involved in supervised activities with other children.*

### **Motto**

***SAFETY, FUN and LEARNING***

## **Overview**

**Starting June, 6, 2016**

**Ending August, 5, 2016**

**Camp Times Monday-Friday, 9am-4pm**

**AGES 5 years to 12 years**

### **Cost-**

**\$25.00/day for Local residents**

**\$45.00/day for Non-locals and Guests**

**\*\$20.00/day for each additional family member for Local Residents**

**\*\$40.00/day for each additional family member for Non-locals and Guests.**

### **\*\*Weekly**

**Locals-\$110.00/week**

**Each additional family member \$85.00/week**

**Non-locals-\$200.00/wk**

**Each additional family member \$180.00/week**

**Payment is expected at the start of the week, Monday. You may pay for the entire week, or for however many days your child will be attending that week.**

**NO REFUNDS GIVEN FOR DAYS NOT ATTENDED**

**\*\*TAX IS INCLUDED IN ALL FEES\*\***

**\*\*MUST BRING OWN LUNCH**

**Angel Fire Community Center Day Camp**  
**Registration Form**

Child's Name \_\_\_\_\_

Dates Requesting for Camp \_\_\_\_\_

DOB \_\_\_\_\_ Last grade completed \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

**PLEASE GIVE TWO RELATIVES OR FRIENDS THAT LIVE IN THE AREA  
THAT ARE AUTHORIZED TO ACT ON YOUR BEHALF IN THE EVENT YOU  
CAN NOT BE REACHED-EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to food \_\_\_\_\_

Please list medical conditions which may limit your child's participation in events \_\_\_\_\_

\_\_\_\_\_  
A note from your medical provider may be required to determine eligibility to participate in camp activities.

Staff is prohibited from administering medications of any kind. If your child requires the administration of any medicine while attending camp you will be required to make arrangements to make sure the child is compliant with taking the medicine at the prescribed times.

**Read and Initial the following:**

\_\_\_\_\_ I hereby authorize the Angel Fire Community Center and the Summer Recreational Program staff to perform CPR /First Aid if necessary, and to take my child to the Physician listed or call 911 in the event of an emergency.

\_\_\_\_\_ I hereby authorize any licensed medical provider or medical facility or EMS personnel to treat my child in case of an emergency in which the provider listed on this form cannot respond.

\_\_\_\_\_ I hereby authorize the Angel Fire Community Center and the Summer Recreational Program staff permission to transport my child to and from the program site for field trips.

\_\_\_\_\_ I hereby certify that I have read the requirements and rules of the program and understand and agree to abide by the policies of the Angel Fire Community Center Summer Recreational Program.

\_\_\_\_\_ I hereby give permission for my child's picture(s) to be used for marketing purposes for the Day Camp. I understand they may be used on websites, social media, flyers, brochures and other places.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please email this form to [stibljias@angelfirenw.gov](mailto:stibljias@angelfirenw.gov), or fax to 575-377-1714, or mail to  
Angel Fire Community Center Summer Program*

*ATTN: Shay Tibljias*

*PO BOX 610*

*Angel Fire, NM 87710*

*\*We need one for each child attending*